

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No.

9496

Registration District No.

791

Primary Registration District No.

1003

Registrar's No.

2979

## 1. PLACE OF DEATH:

- (a) County St. Louis  
 (b) City or town St. Louis  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: DePaul Hospital  
 (If not in hospital or institution, write street number or location) /  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_  
 years, months or days

## 3. (a) PRINT FULL NAME

Christiana Johnson

## 3. (b) If veteran,

name war \_\_\_\_\_

## 3. (c) Social Security

No. \_\_\_\_\_

4. Sex Female5. Color or race White6. (a) Single, widowed, married, divorced Widowed6. (b) Name of husband or wife George L. Johnson

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Nov.

(Month)

17

(Day)

1872

(Year)

## 8. AGE:

Years

Months

Days

If less than one day

67411

br. \_\_\_\_\_ min.

## 9. Birthplace

(City, town, or county)

(State or foreign country)

Ill.

## 10. Usual occupation

Housewife

## 11. Industry or business

MOTHER FATHER

12. Name John McIntosh13. Birthplace Scotland

(City, town, or county)

(State or foreign country)

14. Maiden name Mary Lane15. Birthplace Scotland

(City, town, or county)

(State or foreign country)

16. (a) Informant's own signature Grace Niehoff(b) Address 5233 Wabada Ave.17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof 4-1-40

(Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cem.18. (a) Signature of funeral director Drehmann-Harrah(b) Address 1905 Union Blvd.19. (a) MAR 20 1940

(Date received from registrar)

(Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo. (b) County \_\_\_\_\_  
 (c) City or town St. Louis  
 (If outside city or town limits, write "RURAL") 6  
 (d) Street No. 5233 Wabada Ave.  
 (If rural, give location) \_\_\_\_\_  
 (e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 28  
 year 1940 hour 12 minute 45 P. M.

21. I hereby certify that I attended the deceased from 2-9-40  
 to 3-28-40, 19\_\_\_\_; that I last saw him alive on 3-28-40, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death LobarPneumoniaDue to acute interstitialnephritis

Due to \_\_\_\_\_

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

## 22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_  
 (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? Yes  
 (Specify type of place) \_\_\_\_\_  
 While at work? \_\_\_\_\_ Means of injury \_\_\_\_\_

23. Signature J. F. Bredus

(M. D. or other)

Address 6651 E. 11th St.Date signed 3-29-40

1-307-8 PM.  
66 51  
1-307-8 PM.

---

---

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,  
working under my personal supervision.

Signed.....

*Warren A. Carver*

\*Licensed Embalmer No..... *353 X*

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**